

THE
LOUISVILLE MEDICAL NEWS
A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.

PROFESSOR OF SURGICAL PATHOLOGY AND OPERATIVE SURGERY IN THE UNIVERSITY OF LOUISVILLE.

AND

WILLIAM H. GALT, M. D.

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ANNOUNCEMENT.

THE LOUISVILLE MEDICAL NEWS will be issued every Saturday, in appearance equal to the present number. It will contain Original Articles upon Practical Medicine and the several specialties of the art, Selections from Home and Foreign Journals, Items of News in the profession, Correspondence, Reviews of Books, and Editorials upon current topics.

The columns of this journal are open to a free discussion upon questions of professional interest, and contributions are invited from all parts of the country upon matters pertaining to the profession of Medicine, its practice, conduct, and government, and upon medical instruction.

The editors are not responsible for the views of contributors; and contributors are not asked to be responsible for the views of the editors.

This journal undertakes to defend what it considers the right, and to expose shams. In doing so it will strive to avoid all personalities; but when it deems it necessary will not hesitate to discuss principles and systems, by whomsoever they may be advocated. IT OFFERS ITSELF AS AN ORGAN OF THE PROFESSION AND APPEALS TO THE PROFESSION FOR SUPPORT.

BUSINESS NOTICES.—Letters pertaining to the business of the journal should be addressed to its publishers, JOHN P. MORTON & CO.

Contributions and correspondence upon matters concerning the columns of the journal may be sent to either of the editors. Contributors will please write plainly, *concisely*, and with ink.

The extremely low price of this journal, \$3.00 per annum, which includes postage, renders it necessary to collect dues closely to prevent a loss. Subscribers will therefore please observe the printed terms and inclose the necessary amount with their names.

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The Thirty-first Session will begin on the first Monday in October, 1876, and continue five months.

The fees of the Professors for the Session are sixty dollars; Matriculation Fee five dollars, and Graduation Fee ten dollars. Address all communications to Professor JAMES S. PIRTLE, Louisville, Ky.

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WATCHES,

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. II.

LOUISVILLE, AUGUST 26, 1876.

No. 9.

HOW TO TAKE THE ORTOLAN AND THE BOBOLINK.

The votaries of modern science have n't the easiest-going thing possible in decrying the learning of the ancients. In matters pertaining to the philosophy of life the wisdom of classical times was specially noteworthy. It was the school of Anaxagoras, we believe, which established the principle that there were more ways of killing a dog than by choking him with butter, and the most subtle materialist can no more gainsay the truth of this proposition than can the airiest transcendentalist deny the beauty of its expression. To be sure, the plan suggested promises to be efficient. The accumulation of the semi-solid compounds resulting from lactic transmutation gathered about the epiglottidean region would so interfere with the ingress of the oxygenating principle as to induce certain asphyxiation. But there is much evidence to show that the result may be reached by far different methods. Experiments instituted by the municipal authorities during the heated term established very conclusively the fact that if a small portion of the active principle of the *strychnos nux vomica* be surreptitiously introduced into the canine economy, through the medium of some nitrogenous compound, diaphragmatic spasm incompatible with further respiration would speedily ensue ; but we need not multiply proofs.

We were led into this train of philosophic thought by contemplating the ways of the Phenomenon. Surely to any one used only to the humdrum methods of arriving at ends by going directly at them they offer a curious and delightful study. The resources of its

art are boundless, and its ingenuity challenges the admiration of a boomerang. It is handled indeed by a jugglery to which the efforts of Houdin were the merest parlor magic. The air is filled with ethical rockets and prize packages. You shudder to think that the Phenomenon is throwing itself away, when, hocus pocus, every thing is gathered into the Phenomenon's pockets, and it smiles benignantly at those who drew the blanks. But we must drop metaphor, and come down to plain talk. The problem which the Phenomenon sets about to solve is how to catch the Ortolan and Bobolink. One would naturally suppose that the proper way to do this would be to put salt on their tails. That only goes to show how little you know about catching Bobolinks and Ortolans. The saline method is an utter fizzle. Watch the Phenomenon if you want to find out how to do it. In the first place, it makes out like it is going right straight away from the place it has in its eye, and appears to be doing the very opposite thing to what it intends to do. For instance, the Phenomenon wants to be catching Ortolans or Bobolinks all the time, and to scare off other persons from doing the same thing (in which case there evidently would n't be Ortolans or Bobolinks enough to go around) ; it prints the game laws on the subject, and scatters them far and wide ; shows how any bird-catcher molesting Ortolans or Bobolinks out of season deserves to forfeit the confidence, respect, and support of bird-catchers and birds. Then when the fall trapping is over for Ortolans, and the spring Bobbies are around, it puts on another hat, and tells the proprietors it is n't the Phenomenon at all ; it lives in the same house with the Phe-

nomenon; it and its partners work for the Phenomenon's bosses in winter time; but another man has hired them now—for pretty good wages, too—all they can get.

That's the way the Phenomenon scares off other bird-catchers. With the birds themselves it has the most taking ways. It baits its trap most pleasantly. Getting the Ortolans and Bobolinks would n't please it much; it wants all they have besides. The Phenomenon has studied the question, and finds out that in these hard times an ordinary Ortolan or Bobolink will produce \$55. Out of some of the fatter ones an extra amount (for what they call private catching) can be squeezed. But do you think it puts any such nonsense as this in the trap? Not it. *It tells every bird that it is going to give it \$80*—why this particular sum does not appear—and that is what it snaps at. When the triggers are sprung, what is the use of squeaking? Such are some of the Phenomenon's crooked ways. Time and space forbids their full enumeration; but we feel quite certain that we have spread some new and useful knowledge in so far as we have shown that the way to catch the Ortolan or the Bobolink is to make them think they are catching you.

"ETSI NON PROSUNT SINGULA JUNCTA JUVANT."

We hope no one will fail to read and note the extracts we print below concerning the Kentucky-Louisville School. The beneficiary advertisement has been sent from Maine to Texas, to congressmen, legislators, newspaper editors, etc. A great number of these have bit at the bait. It will be seen, however, that one paper saw through the dodge, and gave it the benefit of a two-column advertisement. Colman's Rural World, to which we refer, is edited in St. Louis by Norman J. Colman, the present Lieutenant Governor of Missouri. We ask for his views upon the subject a careful perusal. A layman volunteers to defend the dignity of our profession,

and does it well. Is it not time for some of the medical press, who have hitherto been quiet, to speak out?

MEDICAL STUDENTS.

Medical students are, like almost all of the young men of our country at this time, needing money and requiring assistance. Every dollar saved is to them a great advantage, and gives them the opportunity of investing these sums in books and instruments. We understand that the trustees and faculty of the Louisville Medical College (Kentucky) have created a number of beneficiary scholarships in behalf of those needing such aid; but all of the facts in regard to the matter can be obtained by addressing a letter to the Louisville Medical College, Louisville, Ky.—*Little Rock Evening Star, August 4.*

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The editor of this paper has been authorized by the faculty to recommend one or more young men from this state to the privilege of this beneficiary scholarship, worth eighty dollars, and any young man of good standing and the requisite preliminary training can obtain the same by applying at this office.—*Fort Smith Weekly New Era, August 9.*

THE MEDICAL EDUCATION OF YOUNG MEN.

As is very well known, the fees required for the medical education of young men are always large. We understand, however, that the trustees and faculty of the Louisville Medical College (Kentucky), with a view of aiding young men in these hard times, have created a number of beneficiary scholarships, which can be obtained by those needing assistance. Any letters addressed to the Louisville Medical College, Louisville, Ky., will secure for the writer the desired facts. Any young man having a recommendation from this office will be entitled to tuition free. If not known to us personally he must send good recommendations.—*The Christian, St. Louis, Mo., Aug. 10.*

[COMMUNICATED.]

Mr. Editor,—I beg the use of your paper to say that I have received from E. S. Gaillard, M. D., dean of the faculty of the Louisville (Kentucky) Medical College, a communication addressed to me in my official capacity, in which it is stated that any poor

and deserving young man selected by you from your district will be entitled to the beneficiary scholarship awarded by the trustees of the Louisville Medical College (Louisville, Ky.) If there is any young man in the county who desires to avail himself of this benefaction, I would be glad to hear from him at his earliest convenience.

T. Q. DONALDSON, *State Senator.*
August 8, 1876.

—*Greenville (S. C.) Daily Enterprise, Aug. 9.*

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In connection with the foregoing, we take occasion here to state that we are authorized to say that a letter of recommendation from us will secure a beneficiary scholarship in that institution, which is worth eighty dollars.—*Hopkinsville (Ky.) Democrat, Aug. 11.*

MEDICAL EDUCATION OF YOUNG MEN.

As is very well known, the fees for the medical education of young men are always large. We understand, however, that the trustees and faculty of the Louisville Medical College, with a view of aiding young men in these hard times, have created a number of beneficiary scholarships, which can be obtained by those needing assistance. Any letters addressed to Louisville Medical College, Louisville, Ky., will secure for the writer the desired facts. The editor of this paper can furnish to some worthy young man sufficiently educated to study medicine a recommendation by which he will receive free a beneficiary scholarship in the college that is worth eighty dollars.—*Country Standard, Stoutland, Mo., July 12.*

MEDICAL EDUCATION IN KENTUCKY—KIND CURTAILMENT OF ITS COSTLINESS.

[From Colman's *Rural World*, St. Louis.]

We have received two pamphlets, announcements respectively of the Louisville Medical College and the Kentucky School of Medicine. We have also been favored with a circular letter upon paper whose heading bears the names of members and officers of the board of trustees and of the faculty of the Louisville Medical College. The circular is subscribed by the names of "H. M. Bullitt, E. S. Gaillard, C. W. Kelly, ex-committee."

Upon looking at the catalogues we find that H. M. Bullitt is professor and president of faculty in both of the colleges named above; that E. S. Gaillard is professor and dean of faculty in both of said colleges; and that C. W. Kelly is professor and regent of faculty in both colleges.

Insertion in our editorial columns is requested for the following notice sent inclosed in the circular:

"THE COSTLINESS OF MEDICAL EDUCATION.

"A medical education costs, perhaps, more in proportion than any other, theological preparation excepted. A large number of young men anxious to obtain a medical education are deterred from doing so by the great outlay necessary. We understand that, with a view of giving aid to those needing it, the trustees and faculty of the Louisville Medical College (Kentucky) have created a number of beneficiary scholarships. Any one interested can obtain the facts by a letter addressed to the Louisville Medical College, Louisville, Ky.

"We have been accorded the privilege of naming one beneficiary."

In the circular we read: "Any student having a letter of recommendation from you will receive a beneficiary scholarship, which in this college is worth eighty dollars." The privilege of naming a beneficiary is, no doubt, accorded to all to whom the circular is sent; and we have reason to believe that such privilege is extended to countless editors, congressmen, and official dignitaries throughout the country, to any who can give publicity to the college. And "the sons of clergymen and the sons of physicians are, *ipso facto*, entitled to the scholarship;" as is also "each student who brings with him a certificate, signed by three physicians, to the effect that he is of good character, sufficiently educated to study medicine, and unable to pay the full fees of this college."

Behold the sublime charity of the Louisville Medical College, whose professors (identical in person and in office with those of the Kentucky School of Medicine) "fully appreciate the distress created by the late war, and have made for this condition full and appropriate provision—by beneficiary scholarships rated at eighty dollars!"

Whether the eighty dollars means the forty dollars which each beneficiary student must pay for each of two sessions requisite for graduation, or the eighty dollars representing the difference between the forty dollars paid at each session by the beneficiary and the one hundred and twenty dollars by the fully-paying student, we can but see in either case only an insult to the sense and spirit of men who by education, capacity, and character are worthy candidates for matriculation in a liberal profession. It is preposterous and contemptible to assume that the price of the professors' tickets determines the choice of the college for men who, however poor, are fit for the

study of a calling whose exercise involves the dearest interests of the community, and demands large preparation in the practitioner. It is preposterous and contemptible to assume that the paltry sum of eighty dollars will frustrate in the choice of a life vocation any man at all fit for the duties and the dignities of an educated physician.

These beneficiary scholarships are offered as a "full and appropriate relief of the distress created by the late war;" and they are offered to those who were children when the war ended, and who now, in the strength of educated manhood, must be helped from the distress of the war—by a medical scholarship worth, at the given estimate, eighty dollars, and for which the receiver has to pay forty-five dollars in cash! Verily, a most "full and appropriate relief"! As special sufferers of the war, the sons of clergymen and the sons of physicians must be helped, any how; while other young men of spirit, but of no peculiar parentage, must, to their own infinite chagrin and loss, and to the measureless detriment of a war-stricken people, abandon their aspirations for glory and usefulness, must forego their life ambition, unless some editor, congressman, or three doctors can be found to certify that, though adult men, possessed of education, character, and talent, they can not compass that eighty dollars; but, "certified to be impoverished," they become beneficiaries. To the beneficiary the promise is made that his relations to that institute shall be known only to the dean of the faculty. A most considerate concealment of a shameful course. A most uncommunicative dean. So, is not this the very chivalry of charity?

The circular says, "It is desired that this fact [this charitable offer of scholarship] should be as widely known as possible." In furtherance of such desire we have inserted in the editorial columns the inclosed notice.

The circular and the notice emanate from the Louisville Medical College. The Kentucky School of Medicine offers beneficiary scholarships on precisely the same terms. We have no concern in the question whether a course of medical lectures ought to be free or cost forty-five dollars, or one hundred and twenty dollars; but since we have complied with the request, and inserted notice of their peculiar, pretentious, partial, insidious, and questionable charity, we think it not wrong to "make widely known" some other features exhibited in the official announcements of these "entirely different institutions."

THE CATALOGUE.

The announcement of the Kentucky Medical School says, "Every medical college should endeavor, if possible, to reflect the sentiment of the medical profession." And so we find them "charging to all not certified to be impoverished the rates demanded by the oldest institutions in the East." And we find

them saying, "As the medical profession justly withdraws its support and confidence from all medical institutions giving more than one graduating-course in the year, the Kentucky School of Medicine will give but one graduating-course annually; but this will always be given in the spring, so that students entering any college in autumn of any year can graduate in this institution, if found competent to do so, in the succeeding June;" thus graduating on a continuous term of scarce nine months. And "students entering upon their first course in the Kentucky School of Medicine in the spring will in the succeeding autumn enter medical colleges as candidates for graduation;" thus dodging one year of professional study.

The announcement of the Louisville Medical College has this

"IMPORTANT NOTICE.

"The attention of medical students is particularly directed to the fact that all who attend their first course of lectures in the Louisville Medical College (which closes in the last week in February) can commence their second course of lectures in the Kentucky School of Medicine in the first week of March in the same year.

"The Kentucky School of Medicine is an entirely different institution."

"THE AD EUNDUM DEGREE.

"The graduates of this college receive without charge the *ad eundem* degree—a separate diploma—of the Kentucky School of Medicine, one of the oldest and most distinguished medical colleges in the West."

Graduates of the Kentucky School of Medicine receive without any charge the *ad eundem* degree—separate diploma—of the Louisville Medical College. The catalogue of the Kentucky School of Medicine gives all of the additional facts.

In the announcement of the Louisville Medical College this appears:

"ON ARRIVAL

Students are particularly advised to proceed at once to the college building on Green Street, corner of Fifth, where full information will be given by the janitor in regard to the prices of board, boarding-houses, etc. For further particulars apply to E. S. GAILLARD, M. D., dean, 163 Second Street, between Green and Walnut, Louisville, Ky."

In the announcement of the Kentucky School of Medicine—an entirely different institution—this appears:

"ON ARRIVAL

Students are particularly advised to proceed at once to the college building on Green Street, corner of Fifth, where full information will be given by the janitor in regard to the prices of board, boarding-houses, etc. For further particulars apply to E. S.

GAILLARD, M. D., dean, 163 Second Street, between Green and Walnut, Louisville, Ky."

And thus under the one-man power of this personal and official signature all the promises of beneficiary scholarships, and remarkable advantages of these "entirely different institutions," are heralded to the world.

The statement that they are "different institutions" sorely threatens at once our credulity and their candor. For whatever may be said about "a different charter and a different board of regents," there is needed only the erasure of Dr. Maxwell's name from the faculty of the Louisville Medical College to represent precisely the roster of the Kentucky School of Medicine. And the college-building is one and the same, and is located conspicuously on Green Street, corner of Fifth. And the one term ending last week in February, and the other beginning first week in March, the lectures may so dovetail that a student, without changing seat or going out for refreshment, may pass from first to second course, and graduate in *alma mater* and *ad eundem* (with separate diplomas signed by identical professors), and thus come forth a double doctor in less time than is needed for the gestation of one diminutive donkey, and equal time for a common calf.

From a pretty wide acquaintance with physicians we have derived impressions concerning the medical profession. These impressions forbid us to believe that "the sentiment of the medical profession is reflected" by the institution whose circular and notice we have received.

We can not recommend sons of clergymen to accept its beneficiary scholarships nor ingenuous youths to become its pupils. To some other young men less solicitous about moral tone, and more impatiently covetous of a sheepskin and a tin sign, we might say, "Go and become, as soon as possible, a doctor from Kentucky," and returning sing to us:

(Tune: *Hunters of Kentucky*.)

"Ye gentlemen and ladies fair,
Who grace this famous city,
Just listen, if you've time to spare,
While I rehearse my ditty;
And for the opportunity
Conceive yourselves quite lucky,
And bless the fate that brings to you
A doctor from Kentucky.
Oh, Kentucky! the doctors of Kentucky!
The noblest doctor of them all
Is the doctor from Kentucky."

INSULT TO INJURY.

The Kentucky-Louisville School, in its desperate efforts to fill its benches, leaves no stone unturned. We have already noted in

our last issue the theological dodge it introduced this year as a new feature. If our readers have looked over the quotations from its catalogue given in our extract from Colman's *Rural World*, they have seen how the political crank is also introduced to turn the machine. The "beneficiary" is offered as a "full and appropriate relief of the distress created by the late war." What an exquisite insult to the intelligence of the Southern people it is to tell that to beat them out of \$55 for each student sent them from that section is a "full and appropriate relief" for any thing except the needy school which offered it! But the *Rural World* disposes of this question. To it we refer.

Original.

SALICYLIC ACID IN RHEUMATISM.

BY E. D. FORÉE, M. D.,

Professor of Diseases of Women in the Hospital Medical College.

As salicylic acid is just now attracting considerable attention as a therapeutic means in rheumatism, I have determined to report its effects in two cases in which I have recently tried it.

Miss J., aged about nineteen, was seized with chill followed by fever and painful joints. I saw her on the morning of the second day. She then had a frequent pulse, 130 to the minute; the temperature in the armpit was 105° F.; her elbows, knees, and ankles were swollen, very painful, and hot. She had slept none the preceding night; had extreme thirst and violent headache. She had taken a saline laxative, which had cleared the bowels well; her kidneys were acting fairly, and she was having a profuse sweat.

Acting under the impression that she was the subject of rheumatism complicated with malarial poisoning, I directed three ten-grain doses of quinine at intervals of three hours; also one grain of calomel and one grain of opium—the opium to be repeated every two

or three hours until she was easy and slept. I directed besides thirty grains bicarbonate of potash every four hours.

In the evening I found no material change in her condition. All the quinine had been taken, and she had received four doses of opium without sleep or the mitigation of pain. I directed the opium to be continued at intervals of two hours, and that she should receive every four hours five grains quinine in solution; also continued the potash, and swaddled the joints with cloths wrung out of a solution of carbonate of potash.

In the morning of the third day of her attack, the second of my seeing her, I found the pulse 140; temperature $104\frac{1}{2}$; the pain great as the day previous; the joints more swollen; and in addition to those previously affected the wrists and several of the finger-joints had become involved. Though deafened by the quinine, and so saturated with it that water and all else she tasted were bitter as the quinine itself, she had not slept, and the joints were so painful that a touch of the bed or a heavy step upon the floor augmented her suffering.

At this visit I discontinued the quinine, continued the alkali, and substituted Battley's sedative (thirty drops) for the opium; this to be given every two hours until easy.

In the evening of the third day there was no mitigation of her symptoms; the temperature still $104\frac{1}{2}$, pulse 140; no sleep; the intercostal muscles had become intensely painful and tender; the respiration mainly abdominal. I withdrew the alkali and substituted an ounce of lemon-juice to be given every four hours in sugar and water; continued Battley's sedative, and gave her a hop-pillow.

In the morning of the fourth day I found her suffering more, if possible, than at the previous visits; the pulse fully 160; temperature $104\frac{1}{2}$; had not more than one hour's sleep in short naps the previous night. I was alarmed for her safety. Having just read Dr. Broadbent's report of several acute cases treated with salicylic acid, I ordered it for her in seven-and-a-half-grain doses in

capsule every hour; all other medicines to be suspended. That evening, after having taken about a dram of the acid, I found her much more comfortable, and sleeping; the pulse down to 120; the temperature scant 100° ; the joints less hot, less swollen, and free from pain; the intercostal muscles easy and acting in respiration. I continued the medicine in same dose at intervals of two hours, but ordered her not to be aroused for it if sleeping.

In the morning of the fifth day I found her in every regard comfortable; pulse 96; temperature 99° ; joints easy and movable without pain. She had some burning in the stomach and slight diarrhea; had slept so continuously through the night that she had received but three doses of the acid. I withdrew the medicine, and directed a little brandy and water. The day after this she sat up in bed, ate well, and was fully convalescent. The subsequent day she walked across the room, and was soon well without further treatment.

The second case was in the person of a delicate lad, whose circulation and temperature were but little disturbed; the pulse only 92, temperature 101° . He had only a single joint involved—the left knee. Altogether it presented the appearance of a mild subacute case of rheumatism; yet he having had two previous attacks, each lasting several weeks, I apprehended a protracted spell. I gave him five grains of the acid every two hours. The next morning he had nausea and diarrhea, but was free from the rheumatism, and was soon well.

If one could be justified in coming to a conclusion as to the efficacy of a medicine from an observation of the effects in two cases, I should concur with Dr. Broadbent in the expression of the opinion that we have at last found a remedy as certain to relieve rheumatism as quinine is to arrest intermittents; but I have been so often disappointed in new remedies that I shall hold this *sub judice* until I have had opportunities for further observation.

LOUISVILLE.

Formulary.

[Communicated by various practitioners.]

R Zinci oxidii..... }
Ext. hyoscyami..... } $\frac{aa}{3}$ ss.
M. Div. in pill No. x.

S. One pill at bed-time. For Night Sweats.

R Magnesiae sulph..... $\frac{3}{3}$ ss;
Morphiae sulph..... gr. ss;
Aquæ..... $\frac{3}{3}$ iv.

M. S. A teaspoonful every half hour. In simple
Dysentery.

R Acidi carbolic..... $\frac{3}{3}$;
Syrupi lemonis..... $\frac{3}{3}$ iv.

M. S. A teaspoonful three or four times a day.
In Hooping Cough.

Correspondence.

MEDICAL NOTES FROM NEW YORK.

[FROM OUR OWN CORRESPONDENT.]

In the present dearth of medical news I am forced, as before, to consider various subjects from a *hygienic* standpoint.

As the weather turns cooler we find the health of the city proportionately better, and if other drawbacks to sanitary improvement could be removed, the doctors would soon find little to do. The drinking-water of the metropolis is commonly reputed to be exceptionally good and pure, but for the last two or three weeks it has represented, with wonderful faithfulness, a characteristic specimen of marsh or bog-water. The Chief Engineer of the Department of Public Works accounts for the fact by supposing a recent rain had washed into the reservoirs "light bits of wood and dry particles of vegetable matter," which rendered the water unpalatable, "but not injurious to health." It is a matter of congratulation that the water is much improved lately; but we can't quite agree that decayed vegetable matter renders drinking-water disagreeable only.

The workings of the sanitary corps, which

I described in my last, have been most satisfactory. The physicians have admirably done their work, and in the discharge of their duties they have received noble assistance from others. All the druggists offer to fill prescriptions at cost, and many of them will prepare them, when the party is unable to pay, for nothing. The Children's Aid Society, assisted by thirty-five extra workers, have sought out the sick and dying children, and without delay a doctor is sent to any part of the city. The streets are kept cleaner; and though the garbage question has caused our seaside neighbors considerable trouble, it has been truly a riddance to rubbish in the city.

There are many places around the city which are open for the reception of sick children (of whom there are over fifteen thousand), where they can find a comfortable summer-home. Some of these are on the ocean, where the poor little suffering creatures can have a salt-bath in addition to fresh air. Under the Children's Aid Society is a seaside summer-home at Bath, Long Island, to which one hundred children, with their mothers, are taken every Monday, where they are allowed to remain a week and bathe or gambol almost at will. The expense for a season of fourteen weeks is about \$4,000, and this amount is raised by the pupils in the industrial schools under the direction of the society above named. The Nursery and Child's Hospital has a summer-home on Staten Island, where there are two large houses and thirteen cottages for the accommodation of its guests, and the cottages are so secluded from each other that no contagious diseases have ever spread among the unfortunate who have been so fortunate as to have their early destiny cast in such pleasant hands. It is gratifying and encouraging to say that last year there was a mortality of only nine per cent, and of those who died many were hopeless when received and many more were in more or less precarious conditions. In the middle of the grounds there is a "sanitarium," 55 by 35 feet, where the children are taken while

the cottages are being cleaned and ventilated. A dispensary is kept open on the grounds, where all necessary medicines are provided.

There is reported recently a case of Asiatic cholera in Newark, N. J. The case is sporadic, and but little fears of an epidemic exist. The quarantine officers are vigilant, and no one has fears of its introduction from a Southern port.

On Thursday, August 10th, the floating hospital made its eighteenth excursion, having on board 1,157 children and their mothers. The barge was towed down the bay as far as Coney Island only. Longer sea-voyages have some days been taken, but the least swell converts the scene into a wilderness of sea-sickness; and one thousand babies retching and heaving with as much energy as the waves themselves is a by no means pleasant spectacle to the doctors in charge.

The St. John's Guild was organized as a society for relieving the wants of the poor about ten years ago. It is free from any denominational control, and does not confine its charities to sect, race, or color, but distributes impartially wherever it finds assistance needed. The excursion feature has been instituted only about four years, and in that time about fifty excursions have been made. The poor people can bear best testimony as to the success of this undertaking, yet I can say that my own observation will bear out the highest praise that can be bestowed. The vessel used for the purpose is built like an ordinary steamboat, having the same number of decks, but minus the machinery and a closed saloon on the passenger-deck. On this deck the voyagers are placed on benches. A tug boat either rows or draws this barge, and, though rather slow, it is quite fast enough for the purpose. The barge used is the property of the guild, and was purchased by the proceeds of the Lady Washington reception given last winter. The cost of a single excursion is \$250. Two hundred and seventy-five loaves of bread, three hundred and twenty quarts

of milk, and six hundred pounds of beef, besides a quantity of tea, rice, and butter, are daily used, the excursions being made tri-weekly. The excursions are under the direction of the Rev. Alvah Wiswall, the master of the guild, who attends each excursion, and gives every part of the boat his personal attention. He informed me he had gotten several letters from Germany, inquiring into the particulars of the enterprise, and some also from parts of our own country. This part of the charity of the guild is by no means complete, for in the future, as they may be able, it is intended to purchase a place of resort on some near beach, where the sickest children may be left a week or more, as their condition may require. God speed them on their good work! So says the philanthropist and so say the doctors.

I hope to be able to give a few hospital notes in my next letter, and will also probably continue a mention of the various ways in which the poor of our city are provided for.

ELECTRON.

NEW YORK.

EXTRAORDINARY SURGERY.

To the Editors of the Medical News:

From a letter lately received from Vienna from a former student in my father's office I extract the following account of an operation by "Billroth," and have no doubt that it will contribute in some measure to the interest attaching to your journal:

"The other day Billroth, whilst speaking of carcinoma, mentioned that of the stomach, and casually added a description of the operation for its removal, as follows: 'An incision is made through the linea alba; the peritoneum is exposed, and being caught up with the forceps is slit up sufficiently to expose the morbid growth thoroughly; the tumor is grasped with a pair of volcella forceps, and, having been drawn through the opening in the abdominal wall, a clamp is applied beneath it, and it is cut off; the wound of the stomach is closed with stout silver-wire sutures, and the organ retained

(as is the pedicle of ovarian tumors) in the external incision. Four or five days suffice to establish union of the edges of the gastric incision, when the organ is returned to its proper place.' Four cases have been operated upon with the following result: two recovered, one died, and one is still in the hospital."

Speaking of carcinoma of the neck of the uterus, my correspondent says "any stage of the disease seems to be regarded here [at the Vienna hospitals] as an indication for its removal. The operation is done with the heated platinum wire. Many cases are sent home cured."

I am promised other reports of interesting matters (to the surgical world) which occur from time to time at the temporary abode of my correspondent, and with your permission will remit extracts from them to you for publication.

SURGEON.

LOUISVILLE, August 19, 1876.

Selections.

NOTES ON UTERINE PATHOLOGY.

Dr. Graily Hewitt (*Lancet*) publishes a defense of his "mechanical" theory of uterine pathology, from which we make the following extracts:

"The system of uterine pathology which was put forward in the third edition of my work 'On Diseases of Women' (1872) was embodied in the following proposition: '(a) Patients suffering from symptoms of uterine inflammation (or, more properly, from symptoms referable to the uterus) are almost universally found to be affected with flexion or alterations in the shape of the uterus of easily recognized character, but varying in degree. (b) The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation. (c) The flexion once produced is not only liable to perpetuate itself, so to speak, but continues to act incessantly as the cause of the chronic inflammation present.'"

OPPONENTS OF THE MECHANICAL THEORY OF UTERINE TROUBLES.—"The opposers of the new doctrine may be classed under two heads: 1. Those who know little as to the actual frequency of alterations of shape of the uterus as a clinical fact. These

comprise at this date comparatively few. 2. Those who admit the frequency with which alterations of shape of the uterus occur, but who contend that these alterations of shape are never of any consequence unless associated with 'chronic inflammation,' or, as some prefer to call it, 'congestion.'

"In the first place, I would remark that we have here to deal with (a) facts admitted, (b) opinions controverted.

"a. The facts admitted are that in many cases, a large proportion of actual cases indeed, the patient is found to have (1) a distorted condition of the uterus, and (2) a congested, or inflamed, or softened (these terms are convertible, or sufficiently so for the sake of argument), sometimes a hardened condition of the uterus.

"b. One, and the most important, of the opinions controverted refers to the *connection which subsists* between the two things."

CAUSE OF DISCOMFORT IN UTERINE FLEXIONS.—"The discomfort the patient experiences is due to what? The opponents of the new theory, some of them at least, boldly state that flexion by itself produces no symptoms, and that when it is associated with 'chronic inflammation, congestion, softening,' etc., it is the latter condition which gives rise to the discomfort.

"Unquestionably the 'other condition' of the uterus, call it by what name you will, is largely responsible for the pain, discomfort, etc., in those cases where it and the flexion are associated. So far there is a certain amount of agreement. I have never disputed the importance of this 'other condition' of the uterus; indeed, I attach an extreme degree of importance to it. But the relation which subsists between flexion and this 'other condition' is the point on which we differ very materially.

"The only substantial criticism which has been made on the theory which I have put forward as to its cause is to the effect that patients are relieved by treating the congestion alone, and without paying particular attention to the deformity of the uterus. Further, it is contended by some that relieving the congestion cures the deformity. But admitting the fact that the application of leeches, for instance, to the os uteri relieves the patient of pain, and admitting further that unloading the uterine vascular system of its superfluous blood in some cases facilitates its return to the normal shape, these admissions are very far from invalidating the truth of the propositions above quoted as embodying my views.

"My own practice has been to deal with cases where the two things are associated on the principle that the change of shape is the principal cause of the other alterations in the uterus; and I am able to affirm that this principle is one which is practically and almost always successful in relieving patients

of their suffering. When I am told, therefore, that another method—the continuous depleting treatment, as it may be termed—is efficacious, my reply is, "Possibly; but my method is more rational, goes more completely to the root of the matter, and it succeeds."

"I have insisted on the clinical importance of the flexion as compared with the other condition because I consider it to be the *fons et origo mali*, so far as the suffering is concerned. The facts supporting this view are that exertion and bodily exercise, even bodily position which tends in any way for the moment to aggravate and intensify the existing flexion, gives rise to increase of pain. Nay, many of these sufferers *only* suffer when taking these exercises, or when so sitting or so standing as to bring forces into action calculated to still further strain and bend the uterus, and thereby intensify the other secondary effects."

EXPLANATION OF THE MECHANICAL THEORY IN UTERINE FLEXIONS.—"The 'mechanical' theory of uterine pathology, which I have endeavored to develop in the third edition of my work, does not consist, as seems to have been imagined by some of my critics, in the application of instruments in all cases. The word 'mechanical' is used in another sense altogether, and is intended to imply the mechanical origin of the uterine disorder. The mechanical theory of uterine pathology is a common-sense explanation of what is found to occur in the uterus when the patient suffers from symptoms referable to it. The essence of it is that the circulation in the uterus is necessarily impaired, obstructed, and interfered with when the organ is constricted at its middle portion, which is the case in patients affected with flexion of the uterus. There ensues a congestion of both extremities of the uterus, the occurrence of which is a necessary result of compression of the vessels and tissues at the center.

"When flexion occurs, then, there results 'mechanically' a congestion as above described. When the flexion is intensified the congestion is increased; when it is removed or lessened the congestion is relieved. To unbend the uterus is to permit the circulation again to resume its normal course and its natural freedom. The flexion thus acts (as indicated in the third of the three propositions above quoted) incessantly in keeping up the so-called 'inflammation.'"

CAUSATION OF FLEXION.—"Flexion originates in one or two ways: either, as indicated in the second of my original propositions, 'in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation;' or, as I have stated in another place, in consequence of a sudden fall, or shake, or blow."

SUMMARY OF DR. HEWITT'S VIEWS.—"1. There are conditions of the tissues of the uterus (congestion, chronic inflammation, softening, hardening, etc.) which may be present without flexion or change of shape of the uterus.

"2. There are like conditions *coexisting with flexion* of the organ.

"3. The tissues of the uterus are, with some few qualifications, in a like condition in the two cases.

"4. The 'other condition' may have existed prior to the occurrence of the flexion.

"5. The 'other condition' may be produced, originated, and maintained by the presence of the flexion."

BATHING IN ENTERO-COLITIS.—Dr. C. G. Comegys, of Cincinnati, in the New York Medical Record, says: "Before we are called to these cases tentative measures for the relief of the diarrhea have already been applied by the friends, so that the inflammatory stage is generally fully developed when we first see the patient. The skin is hot (temperature $102\frac{1}{2}^{\circ}$ to 105°), the pulse rapid (130 to 150), respiration 30 to 50, with frequent purging of semi-fluid, greenish watery, faecal, and half digested matters; the mouth and tongue are dry; the thirst intense, but the water taken to slack it is quickly thrown off; the eyes are staring; pupils contracted; insomnia and rolling of the head, with utterance of distressing cries, due to headache from hyperæmia of cerebral vessels and unpeased thirst. Such is a general statement of the symptoms.

"I at once proceed to give the little sufferer a bath in hydrant water, which with us in summer is about 75° . I have found it necessary to give this my personal attention at first; the mother or friends will not carry out instructions, on account of the cries and resistance of the child; it seems to them a great cruelty. The contact of the hot skin with cold water is certainly painful for the moment, hence I immerse the body from legs upward gradually, sponging the skin in advance, so as to obtain tolerance."

"When the body and extremities are fully under, holding the head in the palm of my left hand, I pour over its surface cooler water, such as cistern water, which is here about 65° . This is kept up for ten or even fifteen minutes. Meanwhile the child ceases to cry or struggle, and is evidently greatly comforted; more especially when cool water is freely given to drink—the greedy swallowing of which shows how much of its distress is due to thirst.

"After the bath the patient should be wrapped, unwiped, in light woolen shawl, and laid upon its bed, with a slight additional covering. The pulse has lost frequency, but is quite feeble; the breathing is slower and the skin quite cool, even bluish in hue.

THE “BENEFICIARY” SYSTEM.

BENEFICIARY SCHOLARSHIPS.

One of the patent measures by which the benches of a medical school are sometimes filled is through so-called beneficiary scholarships. The amount of cunning which has been expended upon these is astonishing. Annually or semi-annually the country is flooded with documents of which the following are samples:

To the Honorable....., Representative from County:

DEAR SIR :—The enclosed certificate is herewith sent you. You will see that upon the receipt of this certificate, duly made out and signed by yourself as Representative of County, of the State of, that any poor and deserving young man selected by you from your county will be entitled to the Beneficiary Scholarship awarded by the Trustees of the Medical College,, to County, of the State of

The officers of this College do you the justice to believe that you will, as early as possible after the receipt of this notification, endeavor to find in your county some young man who, through yourself, can be thus materially aided and benefited. *It is respectfully suggested that an inquiry, over your official signature, published in the nearest newspaper, will enable you to confer this benefaction both promptly and appropriately. Your earliest possible attention is respectfully asked.*

The Faculty request that in giving a certificate you will use the enclosed blank form, which has been adopted and sent to you for reasons so necessary and prudential as to render any explanation superfluous.

It is particularly asked that the receipt of this communication be acknowledged, and that, through the undersigned, the Trustees and Faculty of the College be afforded the earliest possible information as to the name and address of the young man selected by yourself for the Beneficiary Scholarship awarded to your county.

.....
Dean of the Faculty.

*Certificate.—*Know all men by these presents, that the Trustees of this College having created, in perpetuity, one *Beneficiary Scholarship*, annually, for each *County* of the State of, in behalf of one deserving young man *who is pecuniarily unable to obtain a medical education*, that I, the Representative of County, State of, do, in virtue of the power publicly conferred, select as a proper re-

cipient of the *Beneficiary Scholarship* for said county

.....
And that I do recommend him to the *Trustees* and *Faculty* of this *College* as, in all respects, worthy of the honor to be conferred upon him.

In Testimony Whereof, this *Official Certificate*, signed (as required) by myself, the Representative of County, State of, is hereby awarded to the said on this the day of in the year of our Lord one thousand eight hundred and seventy-five.

.....
Representative of County, State of....

These are nicely printed and stamped, and altogether have a wonderfully official look. They are sent out to congressmen, legislators, school commissioners, etc.; some of whom, thinking perhaps they are specially honored in being chosen to confer a benefaction, follow the advice of the circular, and advertise for recipients. This advertisement catching the eye of young men desiring to study medicine, or infusing into others who see it a desire to do so, as it seems to offer an opening for a cheap medical education, induces them to make application for the *scholarships*, and so they are taken.

Now, so far all parties are pleased. The congressman, legislator, school commissioner, or whoever else may have had the scholarship to confer, has not the faintest idea that he has been acting as a drummer to a needy institution; and the recipient of the scholarship seeing in black and white that he has been selected because he is pecuniarily unable to obtain a medical education, naturally believes it means what it says, and that his has been a lucky chance. Coming as the scholarship does, too, from a sort of governmental source, he imagines that he is going to a medical West Point, where not only will his tuition fees be remitted, but he will be furnished with board and lodging, and perhaps a uniform. Imagine his surprise when arriving at the medical college there is demanded of him a matriculation fee of \$5,

a "beneficiary" fee of \$40, and a dissecting fee of \$10. He naturally asks himself wherein the beneficiary part of his scholarship lies. Perhaps he puts this question to the dean. If he does, he is shown in the printed catalogue that the full fees of the college are \$120 for professors' tickets, besides the \$5 for matriculation and \$10 for dissection, and that he is a beneficiary to the amount of \$80. He does not know at that time what he finds out later, that the full fees might as well have been a thousand dollars, as no one—save, perhaps, an occasional greeny—ever pays them. He feels, perhaps, something like a stranger in a strange land; and though he may think that the meaning of language has changed with the latitude, he sees no help for the matter, pays in his fifty-five dollars, or as much of it as he can raise, and has his name put on the matriculation book. In not a few instances, however, the student sees through the sham at once, and quits then and there. Should he do so, he escapes being sold a second time; for the beneficiary student, having quietly settled on the benches, and recovered from his first shock in regard to the meaning of the term applied to him, finds out there is more money to pay. Each professor, with one or two exceptions, has a private quiz or examination class, for attendance at which \$10 is charged. It is quite optional, of course, whether or not he attends them, but he sees it is quite the fashion to do so—buying medical lectures without quizzes or examinations being like purchasing a fiddle without a bow—and he feels that he must do his utmost to make his election at the final examination sure, and so he must hand out again from his perhaps slender store. The "beneficiary scholarships" which are "accorded" to the sons of clergymen and of physicians are of the same sort, the recipients being required to pay the *same fees*.

We have tried to point out in the above some of the most salient features of the beneficiary system. In justice to its defenders it must be said that they declare beneficiaries are notified in time as to what is in store for them. In answer we have to say *it is not so nominated in the bond.*

It is astonishing that the evil could ever have grown to the magnitude it has done. There are perhaps two causes for this. One is the boldness with which it is carried on, many who have aided it not dreaming that under such high-sounding phrases a sham could exist; but the chief reason, no doubt, why it has flourished at all has been because for a long time there were no special pains taken to expose it. An occasional article in the medical press would call attention to it; but being afraid perhaps to undertake the Augean task of finishing it, the matter would be dropped; and meanwhile the beneficiary's organs would in higher and higher sounding phrase urge the "noble benefaction" on. During the last six months, however, the News has waged an uncompromising war upon the sham, and has succeeded in showing it in its proper colors.

We hope that congressmen, legislators, school commissioners, and other individuals to whom these specious documents are sent for distribution, will take the trouble to inform themselves as to the nature of the work they are asked to do. We are quite certain they would not then lend it their aid. When they receive the documents let them simply write to the officer of the college whose name is subscribed to them, and ask for catalogues of the institution represented. The amusement furnished by the singular writing and reasoning therein contained will repay them for the trouble. They are really being used simply as drummers.

The profession should certainly take the trouble to understand the matter. It is interested in stopping this wholesale debauchery. It can have no interest in pulling the drag-net which is to gather men so indiscriminately into its ranks.

Students of medicine should know what is in store for them should they accept these singular gifts. They are to be branded as paupers, at the same time that they are required to pay ordinary fees, and extraordinary ones besides should they desire to obtain a most important aid in their medical education, which lies in their examinations.

The Convention of the Medical Colleges of the United States was held on June 2d

and 3d last, at which the following resolutions in regard to these beneficiary scholarships were unanimously adopted :

Whereas, The practice of reducing or remitting in individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses ; therefore

Resolved, That this convention regards the above privilege as one to be deprecated in general, and if put into practice at all, to be exercised both rarely and reluctantly, and only in unusual circumstances, and after *unsolicited* application by proven deserving candidates.

Resolved, That any thing like a wholesale system of such reduction or remission of established fees, or *any open solicitation of recipients of such favors*, be regarded as in the highest degree improper, and that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

Those who may be looking forward to have tickets or degrees recognized in other colleges would do well to keep this in mind.
—*Louisville Medical News*, July 15.

BIRD-LIME.

We noted in our last number that the Phenomenon's organ had been devoting its editorials of late to criticisms upon the address of the late president of the American Medical Association, and treating its readers to unlimited gush upon the beauties of the Code of Ethics. We thought the fact significant, and wondered if the Phenomenon intended perpetrating some new sham. In proof of our prophetic olfactories cast the nose gently over these delicate rose-buds. We have enough of them to make a nose-gay, but two will suffice for a sample:

THE COSTLINES OF MEDICAL EDUCATION.

A medical education costs perhaps more in proportion than any other, theological preparation excepted. A large number of young men anxious to obtain a medical education are deterred from doing so by the great outlay necessary. We understand, with a view of giving aid to those needing it, the Trustees and Faculty of the Louisville Medical College (Kentucky) have created a number of beneficiary scholarships. Any one interested can obtain the facts

by a letter addressed to the Louisville Medical College, Louisville, Ky.

The Herald has been given the right to select one young man sufficiently educated to receive it, to whom the college will grant a beneficiary scholarship. We will gladly aid any deserving young man in this respect to this extent.—*Vicksburg Herald*, August 4, 1876.

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We have been accorded the privilege of naming one beneficiary.—*Kentucky Live-stock Record, Lexington*, August 5, 1876.

Of course there is nothing alike in these two notices published a thousand miles apart in the same week ; and the idea that they could have emanated from the same genius would be repudiated with as much horror as the assertion that the Louisville and Kentucky concerns are the same, or that twice two are four. The theological dodge is a new feature, and quite worthy of the general cant of the beneficiary system.

We dislike to interfere with any commissions which the thirty-five hundred newspapers in the United States may be making out of this job ; but if they are doing the business as a matter of supposed philanthropy, they may be obliged to us for informing them that the "beneficiary" is a sham, and that they are being used as drummers. Send for a catalogue of the institution named, and see that recipients of the "beneficiary scholarships" are charged \$55 for the privilege of being certified as paupers. If they wish to take the quizzes or examination tickets of the professors, \$10 for each of these is demanded. Moreover, these are the ordinary fees of the college. Such editors who have been dead-beat out of an advertisement would do well to publish these facts in the interest of truth.

Wherein does the style of the literature we have quoted differ from that of the Buchu

man, or of the people who advertise "pills not to be used during pregnancy"?

In contemplating this miserable beneficiary sham, one can not but ask with the editor of the Richmond and Louisville Medical Journal, in the issue for January, 1869, By what principle of ethics are dishonorable practices in the doctor honorable in the teacher?—*Louisville Medical News*, August 19.

THE HIPPOCRATIC OATH.—This celebrated oath contains the following clause in reference to the student's preceptor: "I swear by Apollo, etc., to look upon his offspring in the same footing as my own brothers, and to teach them this art if they shall wish to learn it *without fee or stipulation; and that by precept, lecture, and every other mode of instruction,*" etc. Upon the strength of this clause "beneficiary scholarships" are in some instances "accorded" to the sons of physicians, for which fifty-five dollars are exacted; extra for professional quizzes! It strikes us PRECEPT, LECTURE, AND EVERY OTHER MODE OF INSTRUCTION is rather explicit and comprehensive. This sell is bad enough; but that to require the "doctors' sons" to take the violated oath at graduation, so that they can not get even with their preceptors, is still worse.—*Louisville Medical News*, July 15.

THE MEDICAL COLLEGE CONVENTION.—The New York Medical Record of July 1st says: "The holding of a convention of medical colleges proves the existence of a laudable intention on the part of practical educators of discussing some of the possibilities of reform in medical education. As will be seen from the account of the proceedings in another column, many important suggestions were made, and concerning many abuses of the college system a definite opinion was expressed. Notably in this connection the short-term system received a well-deserved rebuke. From the tenor of resolutions presented by Prof. Curtis, it will be seen that we are not

the only ones who believe that shortening the term of college study, even under the most favorable circumstances, is detrimental to the interests of the student, and should be openly criticised. The beneficiary system, which is carried to such perfection in the school of double diplomas, is also unqualifiedly condemned. The recommendation of a system of graded study is another of the indications that the convention is keenly alive to the necessity of reforms so long urged by the profession."

BENEFICIARY DRUMMERS.—Prof. Bowling the veteran editor and teacher of Nashville, received a letter from a member of Congress, some years since, saying that he had "a permit from a medical school in Kentucky to send a student to it from his congressional district *free*," and asking whether he could send him to the University of Nashville on the same terms. To which Prof. B. replied, "If money were our object we would make haste to accept your proposition, for these congressional appointees are each charged \$30 (the charge is now \$45) as beneficiaries; so that the only drawback to the glory of this charity medical education is the impossibility of securing congressional drummers enough to enrich those who employ them. One hundred free students to a college would be worth to it \$3,000 (\$4,500 now); so after all, my dear sir, you see that these very charitable concerns are using you as a *drummer* to put money in their pockets." And the sturdy old editor added, "Were I a congressman (from which angels and ministers of grace defend me), and a professor should ask me to become a whipper-in for his tub, I should reply by asking, in turn, 'Is thy servant a dog, that he shall do this thing?'" "When a physician advertises that he will attend the poor gratis our code expels him from the brotherhood." Well, Brother Bowling, what of medical schools? Can they do with impunity what would disgrace a private practitioner?—*Louisville Medical News*, April 1.

The sedation may seem at first too great; but reaction soon begins, a healthy warmth and perspiration are established, and the child falls into a peaceful sleep. The scene has so changed that one will find no difficulty thenceforth in getting a bath given three or four times in twenty-four hours, if the alarming train of symptoms make show of revival; and they will revive to such an extent as to require exhibitions of the bath from time to time for two or three days perhaps, for the diseased state of the mucous membrane within has not been as suddenly relieved as the abnormal heat of the body.

"In the meantime internal remedies should be freely employed. Quinine, whisky, beef-tea, milk, and lime-water are the chief agents. One grain of quinine and a dram of whisky every three hours, for a child eight to sixteen months old, looks rather formidable, but they will be found admirable while the disposition to fever lasts.

"Subsequently bismuth and pepsin are of great value to restrain diarrhea and to assist digestion, so greatly at fault, owing to the blow which the mucous membrane has suffered."

ALBUMINURIA IN ECLAMPSIA.—In all the cases of eclampsia in which the urine was examined albumen was found, except in one instance (Case 18). In this internal hemorrhage occurred after delivery, and epileptiform convulsions followed, the pulse being dicrotic and compressible, very unlike that generally found in eclampsia. In a second case, that of a confirmed epileptic (Case 21), the urine contained a cloud only of albumen, and after death the kidneys were found to be hard and deeply congested. In a third case (Case 11), in which the patient had also suffered from epilepsy, the urine tested soon after the commencement of the convulsions was free from albumen, but next day it contained a little, and the quantity of albumen continued to increase while the patient remained under observation. In a fourth case (Case 19), in which eclampsia came on in three days after post-partum hemorrhage, the urine passed before the convulsions contained no albumen, but another sample drawn off afterward was albuminous. In this patient some oedema of the face and legs had been noted before delivery. In all the other cases the quantity of albumen was very considerable, and in most of them casts also were numerous. In two cases it is noted that the albumen had entirely disappeared at the end of two or three days, and in two others it was reduced to a trace after a similar interval. The form of kidney affection associated with eclampsia was therefore not a chronic disease, but an acute and often a transient tubal nephritis. Since it has been recently urged by some that the importance of albuminuria in connection with eclampsia has been overrated, and that uræmia is only one of the several

common causes which may produce such a result, it may be of interest to note that of all cases during the last forty years in which the urine was examined it remained free from albumen in only two. One of these was that alluded to above, which followed internal hemorrhage; in the other the convulsions were produced by arachnitis, as verified by autopsy. The total number of cases in which the presence of albuminuria is recorded is forty-one, and there were several others in which oedema existed, but no specimen of urine was obtained. There is therefore considerable evidence to show that, whether the albuminuria is always the result of a common cause, or whether in some instances it may be the effect of the convulsions, it is at any rate associated with eclampsia in the great majority of cases.—*Fifth Report of the Guy's Hospital Lying-in Charity.*

CAPACITY FOR SLEEP AS A PROGNOSTIC IN OPERATIONS.—Sir James Paget (*Clinical Lectures on the Various Risks of Operations*) says: "The healthiest nervous system, in so far as it may be judged of by the mind, is that in which a patient faces an operation quietly, and with a courage which is not too demonstrative. Cases are told, and some of them probably are true, and I have seen confirmations of them, which would make it very probable that an abiding gloom, or fear of death, or a foretelling of death, or an utter indifference to the result of the operation, are very bad states. But, after all, your estimates of the risks on any such grounds as these must be a vague one. A better sign is the capacity for sleep. If a patient can always sleep long at a spin, that is a good patient. In one of the most perilous operations for hernia with which I have had to do, a case in which the hernia had been reduced *en bloc*, and in which its return was effected with considerable force and disturbance of parts, I believe the patient owed his recovery more to his capacity for sleep than to any thing else. He was a young bargeman, dull-witted and over-worked, and in his ordinary life sleeping whenever he was neither working nor feeding. Shortly after the operation he went to sleep, and he slept sixteen hours out of the first twenty-four, and in a scarcely less proportion of his time for two or three days afterward; and he recovered, although he had acute peritonitis, for which I thought it necessary to put on nearly a hundred leeches."

TREATMENT OF ECLAMPSIA.—Formerly venesection was resorted to in the most severe cases, but since October, 1868, no patient has been bled, and reliance has been placed on the administration of chloroform, often for many hours consecutively. It has not even been considered a contra-indication to this treatment if the element of coma has prepon-

derated over that of convulsion, and there has been stertor and deep lividity of face. A dose of croton oil has also generally been given at the outset. Out of fifty cases recorded before the change in the mode of treatment, there were fifteen deaths, or thirty per cent. Out of twenty-three cases recorded since, there were five deaths, or 21.7 per cent. This latter percentage does not, however, give a fair representation of the results of the chloroform treatment, for in two of the fatal cases there was no opportunity for the continuous use of chloroform. In a third the patient, an old epileptic, was not seen till she had been comatose for three days; and in a fourth the fatal issue was perhaps to be attributed to a too long delay in effecting artificial delivery.

In reference to the treatment by bleeding, it may be noted that in two cases the convulsions came on after considerable post-partum hemorrhage; and that in a third hemorrhage occurred after the convulsions, and the patient shortly after died unexpectedly from apnœa, the heart's action continuing long after respiration had ceased.

Delivery was effected by forceps in four cases; in all the rest by the natural efforts. Of the twenty-five patients fifteen were primiparæ, or sixty per cent. In several patients who recovered a modern elevation of temperature was noted, but in only one fatal case was any observation made as to the presence or absence of that hyperpyrexia which is described by Bourneville as generally occurring before death. In this instance the temperature rose to 108.8°. Cold effusion was employed, but too late to be of any avail.—*Ibid.*

CHLOROFORM IN LABOR.—“Chloroform has not answered my expectations in obstetric practice, for I have too often found that it retards delivery by subduing the pains and prolonging the intervals. In ordinary labors, if we decide upon using it at all, it is best to administer it just before the accession of each pain, in such limited quantities as barely suffice to keep the patient in a semi-conscious state. In this condition she may moan and complain during the pains; but it will usually be found, when delivery is completed, that she has had very little knowledge of them. It may be given, however, without hesitation toward the termination of labor, when the pains are violent and the perinæum tense and unyielding; the end being then in view, and the woman cheered by the prospect, and having, it is presumed, an adequate reserve of strength, any delay that may ensue from its use is more than compensated for by the relief from what is often the terrible agony of the final expulsive efforts; and under such circumstances we may venture to exceed the prescribed allowance, and bring on more complete anæsthesia.”—Dr. Stokoe in *Guy's Hospital Reports*.

CHOICE OF SEDATIVES FOR THE AGED.—“If we think fit to employ opium as an anodyne or hypnotic with those who have attained to or are on the high road to second childhood, it is judicious to combine chloral and spirit of chloroform with it; the opium being prescribed in excess when pain, the chloral when restlessness, and the spirit of chloroform when cramp predominates; and the quantities of the several ingredients need not be large, as each of them intensifies the effect of the others. The addition of from ten to twenty minims of the tincture of Indian hemp, a very invigorating soporific, to such a mixture as the above is most serviceable in dealing with a heart enfeebled by advanced age or exhausting illness; and in thus prescribing it I have invariably met with an exemption from the distressing symptoms which sometimes result from the oppressive action of opiates on the respiratory system.”—*Ibid.*

CONIUM.—“Conium may be considered the regulator of disturbed voluntary muscular movement, and it is especially indicated in diseases accompanied by clonic spasm the result of direct or reflex irritation of the cerebro-spinal motor tract, and requires to be given in such strength as to develop its paralyzing effect upon these centers. But when the spasm is limited in duration, recurrent or periodical in outbreak, as in laryngismus stridulus and other convulsive disorders of childhood, in epilepsy at all ages, and in puerperal eclampsia, the sedative action (properly so called) of chloroform-inhalation will be brought into play with more advantage, as it is more rapid, direct, and transitory, and its administration is practicable during insensibility or amid struggles for breath.”—*Ibid.*

Miscellany.

UNHEALTHY TRADES.—Among the lectures delivered by Dr. Richardson before the London Society of Arts, on “Unhealthy Trades,” is one devoted to the “Industrial Diseases of Workers in Earthenware.” He shows from the official statistics that potters are among the three sections of the population of England who represent the lowest vitality. The males of fifteen years and upward die at the rate of thirty-eight per cent above the males of all ages; and the commencement of this increased mortality is at the period when the men are approaching their prime of life—viz., thirty-five years—and it extends onward to the end of life.

Thus where in the general population 100 males of thirty-five years die, a proportion equal to 154 potters dies. For the four subsequent increments—namely, forty-five, fifty-five, sixty-five, and seventy-five years—for 100 deaths in the general male population, the deaths among male potters are proportionately 182, 181, 192, 141. The wages of the potters are good, and the labor is not physically severe on healthy, fully-developed persons. The special diseases incident to this kind of employment are bronchitis with "potter's asthma," pulmonary consumption, and lead-paralysis. Subsidiary to these are rheumatic affections and affections of the stomach. The special causes of disease are variations of heat and cold, and constant inhalation of dust; these causes produce chronic bronchitis and asthma. The paralytic diseases are induced by lead; of these diseases the victims are the dippers and the women who assist them. "Could we," says Dr. Richardson, in conclusion, "relieve the earthenware manufacturers from the two grand causes of disease to which they are exposed, dust and lead, though some generations would be required in order to restore them, as a community, to perfect vitality, there is no reason why their death-rate should not at once be reduced to at least half its present excess, and the steady progress of their vital regeneration be immediately commenced."—*Pop. Science Monthly.*

SPONTANEOUS HYPNOTISM.—Dr. Buchut, in *Les Mondes*, describes a case of spontaneous hypnotism. A little girl of ten had been apprenticed five months to the business of making waistcoats. One day, after a month of steady but not excessive work, and while sewing a button-hole, she became unconscious, and slept for one hour. On awaking she resumed her work, but with the same result. This hypnotism did not occur with any other kind of sewing. The case having now come under the notice of M. Bouchut, he gave the girl a button-hole to sew. She had hardly sewn three stitches when she sank from her chair on the ground,

and fell fast asleep. M. Bouchut raised her up, and noted catalepsy of the arms and legs, dilatation of pupils, slowness of pulse, and complete insensibility. She slept for three hours. Next day he made a similar experiment, when the girl slept only one hour. While no other kind of sewing could affect the girl in this way, M. Bouchut found that he could produce hypnotism by causing her to look intently on a silver pencil held at the distance of ten centimeters from the root of her nose. The case evidently was one of Braid's hypnotism, only occurring spontaneously, and not brought on by way of experiment.—*Popular Science Monthly.*

LIQUEUR CHARTREUSE.—Père Garnier, a monk, lately died at the monastery of Grande Chartreuse, at Grenoble, France, in his seventy-second year. It was he who discovered the celebrated liquor called *Chartreuse*, which is distilled by the monks from aromatic plants grown in the garden of the monastery; and is said to produce an annual revenue of \$400,000. After the discovery many similar monastic decoctions were invented; the *Bénédictine*, made by the Benedictines of Fécamp, and the *Trappistine*, made by the Trappist Brothers; but none of these discoveries in the shape of liqueurs injured the sale or the fame of the renowned *Chartreuse*, a decoction the secret of which was kept by Père Garnier.—*New Remedies.*

THE CENTENNIAL WOMAN IN POLITICS AND MEDICINE.—It was a Kentucky statesman, Dr. Henry Watterson, who this year laid down the broad principle of parliamentary law that no question is in order while a lady has the floor. Now comes the Philadelphia Reporter, and informs a correspondent that he not only has a right to consult with female practitioners, but is apt to be much improved thereby.

FOR A FEW DAYS ONLY.—A correspondent writing from Saratoga to the New York Medical Record complains that, under the semblance of seeking relaxation for mind

and bowels, many metropolitan swell physicians visit that brandy-and-watering place during "the season" simply as a matter of business. Their presence in many instances is announced by cards, newspaper notices, etc. One gentleman asked the privilege of his "shingle" in a hotel office; but, to the immortal glory of the American Boniface, the request was denied. All this is greatly to the annoyance of the village doctors, who would like to reap a share of the spoils themselves.

PHYSIOLOGY OF SINGING.—The Courier-Journal says: "Wagner's great noise at Bayreuth has revived the old rhymes—

'The larynx now goes up,
The pharynx with a slam
Ejects a note
From out the throat,
Pushed by the diaphragm.'"

THE cinchona tree has been introduced successfully into the island of Réunion. The cinchona seeds were first sowed near the coast, and the young trees subsequently were transferred to an altitude of from two thousand to two thousand five hundred feet. In four years' time they have grown so well that they have reached a height of over twenty feet.—*Ibid.*

AN ELECTRIC WOMAN.—The *Gazette des Hôpitaux* contains an account of a remarkable female patient, who suffers from electric discharges from her hair. Her physician, who was somewhat skeptical at first, acknowledged the genuineness of the case by having himself received the discharge while touching her hair.—*Ibid.*

SOURCE OF RHUBARB.—A Russian traveler, Colonel Prejevalsky, who has recently penetrated into the interior of Mongolia, has obtained most conclusive evidence as to the character of medicinal rhubarb. It seems settled, from his observations, that the root is that of *Rheum palmatum*.—*Chemist and Druggist*.

PROFESSOR BRUDENELL CARTER, in an address on the "Relations of Ophthalmology to General Surgery," takes the ground that while the growth of specialism in this department has given us improved operations and more dexterous operators, it has retarded investigation by diminishing the number of laborers in the field, and the opportunities of those laborers to study the facts from the standpoint of general pathology.—*Popular Science Monthly*.

S—T. 1860—X has disappeared from the fences. The Sands-of-Life man has slipped from the shore and drowned himself. The Buchu fellow is in the lunatic asylum. The ethical Phenomenon, part and parcel of the American Medical Association, has beat them at their own game.

NEW UNIVERSITY IN SIBERIA.—The first Siberian university will be located in Omsk, at the confluence of the Om and Irtysh, thirty-six degrees directly north of Bombay. It will have a medical and physico-mathematical faculty.—*Ibid.*

THE subscription to the LOUISVILLE MEDICAL NEWS will hereafter be \$3 per annum. This, of course, applies to future subscriptions only.

THE LOUISVILLE MEDICAL NEWS has never failed to be put in the mails on Friday night. Subscribers will always confer a favor by notifying the publishers of any irregularities in the receipt of the journal.

THE circulation of the Boston Journal of Chemistry reached fourteen thousand in June. Good fortune well merited.

MR. LISTER is expected to be present at the International Congress, which meets at Philadelphia in September.

LACERATION.—Four out of the five contributors to T. Lauder Brunton's Practitioner for August part their names on the side.

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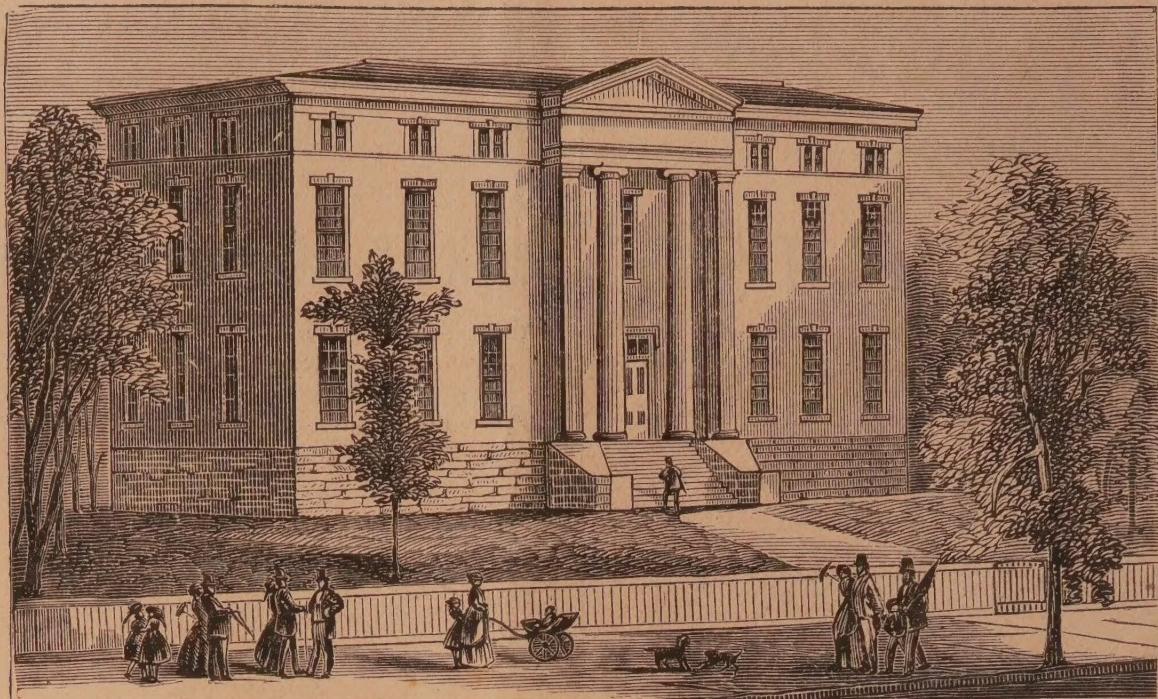
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The Regular Session will commence on the first Monday in October, and continue until the 1st of March.
A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

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Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

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The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,
263 West Walnut Street, LOUISVILLE.